## PART B - FEE(S) TRANSMITTAL

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TOTAL FEE(S) DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/466,899	12/20/1999	EDWIN W. O'BRIEN	540-180	1713

TITLE OF INVENTION: SURFACE TOPOLOGY INSPECTION

**SMALL ENTITY** 

nonprovisional	NO	\$1330	)	\$0	\$1	330		10/27/2004	
/ EXAMI	INER	ART UN	IT	CLASS-SUBCLASS					
BROWN, I	KHALED	2877		356-035500					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the na	nting on the patent front page, lis mes of up to 3 registered patent OR, alternatively,		NIXON 1	&	VANDERHYE	P.C	
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		es of up to	3				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PUBLICATION FEE

AIRBUS UK LIMITED

Bristol, United Kingdom

Please check the appropriate assignee category or categories (will not be				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
🔀 Issue Fee	A check in the amount of the fee(s) is enclosed. (\$1345.00)			
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Advance Order - # of Copies _5	☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).			
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9/16/04

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